



John Elias Baldacci  
Governor

## Maine Department of Health and Human Services

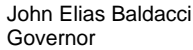
Office of MaineCare Services  
442 Civic Center Drive  
11 State House Station  
Augusta, ME 04333-0011

Brenda M. Harvey  
Commissioner

J. Michael Hall  
Acting Director

### HIPAA EDI Registration Application Instructions for Clearinghouses and Billing Agents

Section/Field Name	Instructions for Completion
<b>1. Status</b>	All clearinghouses and billing agents <b>must</b> check "Enrollment" for new HIPAA Compliant EDI Registration. "Change Existing Information" applies to Changes to EDI Registration information for future changes.
<b>2. Trading Partner Information</b>	
<b>Name</b>	Enter the name of the clearinghouse or billing agent. Use the Business/DBA Name of the Company.
<b>Tax ID Number</b>	Enter your federal tax ID number.
<b>Address</b>	A street address must be entered in this field, either alone or with a post office box or route number. Please include Suite #. Enter the applicant's primary location address. A post office box number alone is not an acceptable address, since correspondence may be sent by a commercial carrier such as UPS.
<b>City, State, Zip</b>	Enter the City, State and Zip corresponding to the applicant's address.
<b>Please Indicate the type of agent</b>	Check the appropriate box (Clearinghouse or Billing Agent)
<b>Name and Contact Information</b>	Enter name, phone number, contact person and submitter ID for clearinghouse or billing service
<b>Current Submitter ID</b>	Enter Your Client MaineCare Assigned 9-Digit ID Number. <b>THIS IS NOT THE NPI #.</b>
<b>Provider Name and ID</b>	All clearinghouses/billing agents submitting transactions on behalf of multiple providers must complete this section. Include the Provider name and Billing Provider number for each additional provider for whom you will submit transactions. Use additional sheets as necessary.
<b>3. Select Requested HIPAA Transactions</b>	Currently only 837 I Health Care Claim Institutional is available for check off. As Additional Transactions become available, change forms will be provided for the purpose of selecting these additional transaction options.
<b>4. Telecommunication Type</b>	Billing agents and clearinghouses check appropriate box.
<b>5. Terms of Use</b>	Billing services and clearinghouses must sign this form. Please keep a copy for your records.
<b>**Please complete and sent the EDI Registration Application as well as TWO (2) Copies of the Trading Partner Agreement to:</b>	
<p style="text-align: center;">Provider Enrollment Unit Office of MaineCare Services Maine Department of Health and Human Services 442 Civic Center Drive Augusta, ME 04333-7902 (800) 321-5557 option 6</p>	



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Department of Health and Human Services  
442 Civic Center Drive  
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PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY

3. **Select Requested HIPAA Transactions:** (Additional Transactions may be requested upon their availability. Change forms will be provided for this purpose.)

☐ 837-I Health Care Claim: Institutional

☐ 835- Health Care Payment Advice

\*\* 997- Functional Acknowledgement and TA1- Interchange Acknowledgement  
will be posted on the Momentum "Out Folder" for provider access.

4. **Telecommunication Type**

☐ Direct Dial (Direct Modem Connection)

☐ Internet via Secure FTP

\*\* Providers who bill directly to MaineCare will no longer be able to use Internet Explorer to transmit claims. In order for HIPAA Compliance, claims must be submitted through a secure File Transfer Protocol (FTP).

5. **Terms of Use**

Providers are required to report in advance if they will begin or discontinue use of a clearinghouse or billing agent for submission or receipt of any of their HIPAA EDI transactions, if they will begin to use a different clearinghouse or billing agent for any HIPAA EDI transactions, if they want to begin to use the HIPAA claim or remittance advice transaction, or if they plan to discontinue use of one or more HIPAA EDI transactions, and that this notification must be in writing and submitted via mail or fax. \*\* ALL TRADING PARTNER AGREEMENTS MUST BE SENT VIA MAIL. DO NOT FAX A TRADING PARTNER AGREEMENT.

The authorized signer below attests to the accountability of the person requesting a Sender ID and Password to access MaineCare's secure FTP server for sending and/or receiving MaineCare Data. Use of the EDI is limited to the person/provider to whom the number and password is issued and a provider will be held responsible for fraudulent actions performed in the event a provider does give another person or entity access to (or negligently allows access to) that EDI number and password; and the provider's EDI number and password may not be given to the purchaser in the event of sale or lease of the provider's practice/facility. The authorized signer is responsible for understanding the Terms of Use and ensuring that the Sender ID and password are not shared.

BY: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Title

**\*\*INTERNAL USE ONLY\*\***

A. PEU: Date Received \_\_\_\_\_ ☐ Documents Complete Date Sent to OIT: \_\_\_\_\_ By \_\_\_\_\_

Submitter ID #: \_\_\_\_\_

**\*\*INTERNAL USE ONLY\*\***

B. OIT: ☐ PASS Date: \_\_\_\_\_ Date Authorized for Production Claims Submittal: \_\_\_\_\_

New URL Address: \_\_\_\_\_ New User ID: \_\_\_\_\_ New Password: \_\_\_\_\_

**\*\*INTERNAL USE ONLY\*\***

C. PEU: Acceptance Letter Sent By \_\_\_\_\_ Date: \_\_\_\_\_

**\*ENROLLMENT COMPLETE\***